



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF ENVIRONMENTAL QUALITY

### Blue Ridge Regional Office

[www.deq.virginia.gov](http://www.deq.virginia.gov)

Doug W. Domenech  
Secretary of Natural Resources

David K. Paylor  
Director

Robert J. Weld  
Regional Director

**Lynchburg Office**  
7705 Timberlake Road  
Lynchburg, Virginia 24502  
(434) 582-5120  
Fax (434) 582-5125

**Roanoke Office**  
3019 Peters Creek Road  
Roanoke, Virginia 24019  
(540) 562-6700  
Fax (540) 562-6725

JAN 30 2013

### CERTIFIED MAIL RETURN RECEIPT REQUESTED

Mr. Robert C. Fronk  
Montgomery County PSA Director  
755 Roanoke Street, Suite 2-I  
Christiansburg, VA 24073

Re: **VPDES Permit No. VA0024040**  
**Riner WWTP**

Dear Mr. Fronk:

Your VPDES permit is enclosed. A Discharge Monitoring Report (DMR) form is included with the permit. This permit supersedes the previous VPDES Permit VA0024040 issued to this facility. The first DMR required by this permit for monthly monitored parameters is due on **March 10th** for the month of February 2013. If you still have DMR data to report as required by the previous permit, please submit it as an attachment to the first DMR required by this permit. Monitoring results on the DMRs should be reported to the same number of significant digits as are included in the permit limit for the parameter.

DEQ has launched an e-DMR program that allows you to submit the effluent data electronically. We expect every permittee to use e-DMR as permits are reissued and exceptions will only be done on a case by case basis. There are many benefits to both DEQ and the permittee when e-DMR is utilized for submissions:

- 1) Fewer revisions for data since the e-DMR program automatically flags omissions before the data are submitted;
- 2) Cost savings on postage, copying, and paper;
- 3) No concerns about using the most current DMR: e-DMR refreshes the required parameters automatically when changes are needed;
- 4) Submittals can be made on a timelier basis; and

4324 0159 0002 0110 5007

<b>U.S. Postal Service<sup>TM</sup></b>	
<b>CERTIFIED MAIL<sup>TM</sup> RECEIPT</b>	
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Restricted Delivery Fee (Endorsement Required)	
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Sent To: Robert Frank	
Street, Apt. No., or PO Box No. 755 Bramble Street, Suite 2-1	
City, State, ZIP+4 Christiansburg, VA 24073-3185	
PS Form 3800, June 2002 See Reverse for Instructions	

Permit No. VA0024040

Riner WWTP

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- 5) Electronic signatures from multiple people are allowed and e-DMR can be accessed from multiple computer locations.

We ask that you apply for e-DMR participation now although you may apply at any time. The following website provides details and our Roanoke regional e-DMR administrator (Cathy Kibler, 540-562-6779, [www.cathy.kibler@deq.virginia.gov](mailto:cathy.kibler@deq.virginia.gov)) can also assist you:

<http://www.deq.state.va.us/Programs/Water/PermittingCompliance/ElectronicDMRsubmissions.aspx>

As provided by Rule 2A:2 of the Supreme Court of Virginia, you have thirty days from the date of service (the date you actually received this decision or the date it was mailed to you, whichever occurred first) within which to appeal this decision by filing a notice of appeal in accordance with the Rules of the Supreme Court of Virginia with the Director, Department of Environmental Quality. In the event that this decision is served on you by mail, three days are added to that period.

Alternatively, any owner under Section 62.1 - 44.16, 62.1 - 44.17, and 62.1 - 44.19 of the State Water Control Law aggrieved by any action of the State Water Control Board taken without a formal hearing, or by inaction of the Board, may demand in writing a formal hearing of such owner's grievance, provided a petition requesting such hearing is filed with the Board. Said petition must meet the requirements set forth in 9 VAC 25-230-130 (Procedural Rule 1-- Petition for formal). In cases involving actions of the Board, such petition must be filed within thirty days after notice of such action is mailed to such owner by certified mail.

If you have questions about the permit, please call Becky L. France at (540) 562-6793 or [becky.france@deq.virginia.gov](mailto:becky.france@deq.virginia.gov).

Sincerely,



Robert J. Weld  
Regional Office Director

Enclosures: Permit No. VA0024040, Discharge Monitoring Report

cc: EPA – Region III-3WP12

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Riner WWT  
ADDRESS 755 Roanoke Street-Suite 2-I  
Christiansburg VA 24073  
FACILITY LOCATION 4351 Riner Rd

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)  
DISCHARGE MONITORING REPORT(DMR)

VA0024040			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY

FROM

TO

Municipal Minor 12/17/2012

DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

Blue Ridge Regional Office  
3019 Peters Creek Road

Roanoke VA 24019

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	0.10	NL	MGD	*****	*****	*****				
002 PH	REPORTD	*****	*****			*****				CONT	TIRE
	REQRMNT	*****	*****		6.00	*****	9.00	SU			
004 TSS	REPORTD				*****					1/DAY	GRAB
	REQRMNT	11	17	KG/D	*****	30	45	MG/L		1/W	4HC
056 DO, JUN-DEC	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		6.6	*****	*****	MG/L		1/DAY	GRAB
057 DO, JAN-MAY	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		7.0	*****	*****	MG/L		1/DAY	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	C		1/DAY	IS
120 E.COLI	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	126	235	N/CML		1/W	GRAB
196 ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	110	110	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE					
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE					
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY			

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Riner WWT  
ADDRESS 755 Roanoke Street-Suite 2-I  
Christiansburg VA 24073  
FACILITY LOCATION 4351 Riner Rd

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)  
DISCHARGE MONITORING REPORT(DMR)

VA0024040			001		
PERMIT NUMBER			DISCHARGE NUMBER		
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FROM

TO

Municipal Minor 12/17/2012

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NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
203 COPPER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	14	14	UG/L		1/M	GRAB
353 AMMONIA, AS N JUN-DEC	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.52	2.22	MG/L		1/W	4HC
452 TKN, JAN-MAY	REPORTD				*****						
	REQRMNT	1900	2900	G/D	*****	5.4	7.6	MG/L		1/W	4HC
655 BOD5, JAN-MAY	REPORTD				*****						
	REQRMNT	7000	11000	G/D	*****	19	28	MG/L		1/W	4HC
656 BOD5, JUN-DEC	REPORTD				*****						
	REQRMNT	6100	9100	G/D	*****	16	24	MG/L		1/W	4HC
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY